SES PROVIDER APPLICATION PROVIDER SERVICE SUMMARY (This Information will be available on-line to parents, schools, and the general public) PROVIDER INFORMATION NAME OF PROVIDER: Jana Elementary School MAILING ADDRESS: 405 Jana Drive CITY: Florissant STATE: MO ZIP CODE: 63031 PHONE NUMBER: 314-4350 FAX NUMBER: 314-953-4363 E-MAIL ADDRESS: mpfeiffr@hazelwoodschools.org PRIMARY CONTACT INFORMATION NAME: Zella Williams PHONE NUMBER: 314-953-5032 E-MAIL ADDRESS: zwillms@hazelwoodschools.org SERVICES Provider status - check all that apply: For-profit organization \boxtimes School district Non-profit organization \boxtimes \boxtimes School building Faith-based organization Individual Other: Areas to be served by provider: All school districts in Missouri $\overline{\boxtimes}$ Specific districts or counties. Please list: # _ was County Hazelwood School DISTRICT Number of sessions per week: 3 Minimum/maximum numbers: Minimum number of students required before offering services: 1 Maximum number of students to be served at a session: 200 /2 Cost per session: Proposed location of service delivery: Student's school site (if negotiated with district) Provider site Other - explain If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation). Service delivery is at the student's school for students in the Hazelwood School District. Transportation home is provided only for students in the Hazelwood School District. Certification of instructors: Baccalaureate degree in education \boxtimes Baccalaureate degree in related field of instruction. Please list related field(s): _____ \boxtimes Reading Specialist Other:

MO 500-2398 (12-05)

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Additional education and/or experience:

Experience teaching LEP students

Missouri teacher certificated/licensed teachers

Experience teaching students with specific disabilities

Other: Masters in School and Professional Counseling.

Ability to speak languages other than English. Please list:

Masters level degrees or above in either reading or mathematics

	Reading	\boxtimes	Writing	\boxtimes	Math				
Grade Levels Served:									
\boxtimes	K-2	\boxtimes	3-5	\boxtimes	6		6-8		9-12
Title or description of tutoring curriculum utilized: Balanced Literacy, ALEXS, Knowing Mathematics Marilyn Burns Classroom Math Library									
Time	e of Services: Before School After School Weekends Summer Other:								
Mode of Instructional Delivery: ☐ Individual one-on-one tutoring ☐ Small group instruction (2 to 5 students) ☐ Large group instruction (6 to 10 students) ☐ On-Line/Web-based ☐ Other:									
	cifics of reporting to nod: letters phone calls conference with conference with other:	pare	nts	heck	all that		mor		
Specific Student Population Served: If your organization has provided supplemental services to any of the following groups, please check the corresponding box.									
	special expertise	s profi on sto e: if you e in s	icient students (L udents u wish to only be	cons				d specifi	c subgroups of children because of
Effe	ectiveness:								(This will be

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

We have not previously provided Supplemental Educational Services and have no data on our services. However, data from similar programs showed a positive effect on student attendance, discipline, and achievement. There was an improvement in attendance and growth in achievement as measured by scores on DRA reading levels and Tungsten Learning Assessments in mathematics. There was also a decrease in the number of office referrals. These improvements were larger for the SES tutoring group than for a control group who did not attend tutoring.

Tutoring subjects available: